1296752



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:	May 31, 2005							
Estimated avera								
hours per respo	250 16.00							

SEC USE ONLY Prefix Serial DATE RECEIVED					
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Membership in Campus Village Wright State, LLC	
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Campus Village Wright State, LLC, a Michigan limited liabi	lity company
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
200 Diversion St, Suite 220, Rochester Hills, MI 48307	248-651-4190
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
(
Brief Description of Business	
Owning and Operating student housing in Ohio	
Type of Business Organization	04037087
corporation limited partnership, already formed y other (p	lease specify):
business trust limited partnership, to be formed limited liab	ility company PROCESSED
Month Year	1 111 40 000
Actual or Estimated Date of Incorporation or Organization: 05 04 XX Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	ME THOMSON
GENERAL INSTRUCTIONS	PHYANCIAL

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC	IDENTI	FICATION DATA	mulai . S		
2. Enter the information re	equested for the fo	llowing:					
 Each promoter of 	the issuer, if the is	suer has been organize	d within	the past five years;			
 Each beneficial ow 	ner having the pow	er to vote or dispose, o	r direct th	e vote or disposition	of, 10% or	more of a cla	ss of equity securities of the issuer
Each executive of	ficer and director o	f corporate issuers and	of corpo	rate general and man	naging part	ners of partn	ership issuers; and
Each general and it	managing partner o	f partnership issuers.					
Charle Bay(as) that Annhy	7 Promoter	X Beneficial Own	az 🗀	Executive Officer	Dir.	ector X	General and/or
Check Box(es) that Apply:	_	X Beneficial Own	о <u>Г</u>	Executive Officer		COI (X)	Managing Partner
Full Name (Last name first,	if individual)						
200 Diversion,	Suite 220.	Rochester	Hills	. MI 48307			
Business or Residence Addre				<u> </u>			
Chade Pay(as) that Annly	X Promoter	Beneficial Own	ar []	Executive Officer	C Dir	ector \square	General and/or
Check Box(es) that Apply:	440						Managing Partner
Campus Village		LLC, a MICHI	yan i	imited itabi		Julibani	
Full Name (Last name first,	if individual)						
200 Diversion, Business or Residence Addre	Suite 220, ess (Number and	Rochester H Street, City, State, Zip	ills, Code)	MI 48307	-		
Check Box(es) that Apply:	Promoter	Beneficial Own	er 📋	Executive Officer	Dire	ector [General and/or Managing Partner
Full Name (Last name first,	if individual)	·					
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Own	er 📋	Executive Officer	Dire	ector	General and/or Managing Partner
Full Name (Last name first,	if individual)						
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)			**************************************	
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🗌	Executive Officer	Dire	ector	General and/or
							Managing Partner
Full Name (Last name first,	if individual)						
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🗍	Executive Officer	Dire	ector [General and/or Managing Partner
Full Name (Last name first,	if individual)						
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Own	er	Executive Officer	Dire	ector	General and/or Managing Partner
Full Name (Last name first,	if individual)						
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)				
	(Use bla	nk sheet, or copy and i	use addit	onal copies of this sl	heet, as nee	essary)	

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					В. 1	NFORMAT	ION ABOU	T OFFERI	NG .			raci.	en de la
1	7.T 4.b. o.		1	1		11 4			41.1	· 0		Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												⊠
2.	What is the minimum investment that will be accepted from any individual?											s 50.	.000.00
						•						Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	gle unit?	••••••				***************************************	X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.											he offering. with a state		
Full	Name (I	ast name	first, if ind	ividual)									
Busin	ness or l	Residence	Address (N	lumber and	1 Street, C	ity, State, 2	Lip Code)						
Name	e of Ass	ociated Br	oker or De	aler									
State	s in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					 	
((Check	"All States	or check	individual	States)							☐ Al	l States
	AL IL	AK IN	AZ IA	[AR]	CA KY	CO LA	CT ME	DE MD	DC MA	FL	GA MN	HI MS	ID MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full	Name (I	ast name	first, if ind	ividual)									
Busin	ness or	Residence	Address (?	Number an	d Street, C	City, State,	Zip Code)						
Name	e of Ass	ociated Br	oker or De	aler									
State	s in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
((Check '	'All States	" or check	individual	States)					•••••		☐ Al	1 States
[AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
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Busir	ness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name	e of Ass	ociated Br	oker or De	aler									
State	s in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · ·			
((Check '	'All States	" or check	individual	States)	***************************************			••••••	***********		☐ Al	l States
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-	IL] MT]	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$.	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$.
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	- 1 y C V V y V V V	T
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$0_
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$0_
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s <u>500</u>
	Legal Fees		\$ 4,500
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	_	\$ 5,000

5 .	and total expenses furnished in response to Part C— proceeds to the issuer." Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an	occed to the issuer used or proposed to be used for proposed to be used for purpose is not known, furnish an estimate and		\$ 1,245,000
	check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part		;	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_	
	Purchase of real estate		\$	□ \$805,000
	Purchase, rental or leasing and installation of mac and equipment	chinery	□\$	⊓\$ 100.000
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val	ue of securities involved in this		_ <u></u>
	offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	□.\$	□ \$
	Repayment of indebtedness			
	Working capital			
	Other (specify): Real Estate Repair	S		s 150,000
			the second second	
		<u> </u>	\$	\$
	Column Totals		\$	
	Total Payments Listed (column totals added)		□\$ <u>1</u>	.250.000
		D. FEDERAL SIGNATURE		
<u>58</u>				
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accu	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	
SSI	uer (Print or Type)	Signature 0 _ 1	Date	
ar	nnus Village Wright State, IIC	Cul Elaya	June 25	2004
	me of Signer (Print or Type)	Title of Signer (Print or Type)		,
Va:	Ernest D. Schaefer	Manager		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a not	ice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	shed by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clair of this exemption has the burden of establishing that these conditions have been satisfied.		
	*		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha horized person.	lf by the i	undersigned
	Print or Type) Signature Date	2 ^	201
	Village Wright State, LLC (Lund) Shouth June Z	5 , 2	004
Name (I	Print or Type) Title (Print or Type)		
Er	nest D. Schaefer Manager		

*5. The undersigned, Ernest D. Schaefer, agrees to accept any process or notice on behalf of Campus Village Wright State, LLC.

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3			4		5		
	to non-a	d to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors Negative (Part E-Ite			No	
AL										
AK										
ΑZ		<u> </u>								
AR							···			
CA										
со										
СТ										
DE										
DC										
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MI			Membership \$850,000	8	\$850,000				Х	
MN										
MS										

1		2	3			4		5	
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
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NH									
NJ						-			
NM									
NY									
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ОН			Membership \$300,000	3	\$300,000				χ
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				APP	ENDIX	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The second second
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of sec and aggree offering profering profered in sec (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									